## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L04000045536

NASSAU FARMS II, LLC



Principal Place of Business

8833 PERIMETER PARK BLVD.

**SUITE 1104** 

JACKSONVILLE, FL 32216 US

Mailing Address

8833 PERIMETER PARK BLVD.

**SUITE 1104** 

JACKSONVILLE, FL 32216



03142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-3721969 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

**FILED** 

Apr 21, 2008 08:00 All Secretary of State

6. Name and Address of Current Registered Agent

CURLEY, CHARLES R JR. 1301 RIVERPLACE BOULEVARD, SUITE 1500 JACKSONVILLE, FL 32207

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| 8. | <ul> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,</li> </ul> | in the State of Florida. | I am familiar with, and accept |
|----|---|--------------------------|--------------------------------|
|    | the obligations of registered agent.  |                          | •                              |

**SIGNATURE** 

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOWIII FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75

U000000911483 05/07/08-80042-012 143.75

| 9.                                    | 9. MANAGING MEMBERS/MANAGERS  |  |  |
|---------------------------------------|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>ATKERSON, CHARLES F JR<br>8833 PERIMETER PARK BLVD. #1104<br>JACKSONVILLE, FL 32216 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS       |   |  |  |

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE